



STATE OF WASHINGTON  
APPLICATION FOR CHANGE/TRANSFER  
OF WATER RIGHT

For filing with the Department of Ecology or with County Conservancy Boards

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF  
ECOLOGY MUST ACCOMPANY THIS APPLICATION**

(Check all that apply.)

- ☒ Change purpose(s) of use  
☐ Add purpose(s) of use  
☐ Change point(s) of diversion/withdrawal  
☐ Add point(s) of diversion/withdrawal  
☐ Change/transfer place of use  
☒ Other (i.e. consolidation, intertie, trust water)

Explain: trust water

FOR OFFICE USE ONLY

CHANGE NO. 6200411 WRIA 29

DATE ACCEPTED 6/10/09 BY SL

FEE \$ ✓ REC'D     /     /    

CHECK No.           

ECY Coding: 001-002-WR10285-000011

SEPA: ☐ Exempt ☐ Not exempt

**\*\*IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)\*\***

**1. Applicant Information:**

APPLICANT/BUSINESS NAME <u>James W. Johnston</u>	PHONE NO. <u>(509) 427-2717</u>	FAX NO. <u>( )</u>
ADDRESS <u>22 Hemlock Y Rd</u>		
CITY <u>Carson</u>	STATE <u>Wa</u>	ZIP CODE <u>98610</u>

CONTACT NAME (IF DIFFERENT FROM ABOVE)	PHONE NO. <u>( )</u>	FAX NO. <u>( )</u>
ADDRESS		
CITY	STATE	ZIP CODE

**2. Water Right Information:**

WATER RIGHT OR CLAIM NUMBER <u>10091/G2-00411</u>	RECORDED NAME(S) <u>Eleanore Szydlo</u>
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>property in process of being sold see #6</u>	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

FOR OFFICE USE ONLY			
APP. NO. <u>11085</u>	PERMIT NO. <u>10091</u>	CERT. NO. <u>6200411</u>	CERT. OF CHANGE NO. <u>6200411</u>



### 3. Point(s) of Diversion/Withdrawal:

#### A. Existing

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
550 ft well /w Submersible 3HP pump		SW	NE	36	3	7	1500	AG5367

#### B. Proposed

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Same as above		SW	NE	36	3	7	1500	AG5367

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES ☐ NO PROPOSED: ☐ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME:

\* Being sold to Mid. Columbia Housing - The Dalles, Oregon 6/30/09 Closing

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

### 4. Purpose of Use:

#### A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Residential	25 GPM	6	9/16/70 - Currently in use

#### B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Selling Bulk Water and or Supplying Stevenson Wash. High School Water in peak hours	25 GPM	6	7/1/09 -

### 5. Place of Use:

#### A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
515 NW cheri Ln. (House) 525 NW cheri Ln. (House) 540 NW cheri Ln. (6plex) 545 NW cheri Ln. - Empty lot							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
SW	NE	36	3	7	Skamania	1500	1.67
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO - IF NO, PROVIDE OWNER(S) NAME: * See Above point of Diversion							

#### B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
Same as existing.							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
SW	NE	36	3	7	Skamania	1500	1.67
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO - IF NO, PROVIDE OWNER(S) NAME: * See Above point of Diversion							

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?  
☐ YES ☒ NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): \_\_\_\_\_



6. Remarks and Other Relevant Information:

The property parcel # 1500 is in the process of being sold to Mid-Columbia Housing, The Dalles, Oregon. They have given me water usage rights to the well as well as easements to the well. See attached copy. see Attached for more.
IF FOR SEASONAL OR TEMPORARY, START DATE <u>7/1/09</u> <sup>with</sup> END DATE <u>1/1</u>

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

*James W. Johnston*  
(Applicant)

6/8/09  
(Date)

original owner is deceased  
(Water Right Holder)

6/8/09  
(Date)

*James W. Johnston*  
(Land Owner(s) of Existing Place of Use)

6/8/09  
(Date)

**IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.**

**WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):**

- ☐ APPLICATION FEE NOT ENCLOSED      ☐ MAP NOT INCLUDED or INCOMPLETE  
☐ ADDITIONAL SIGNATURES REQUIRED      ☐ SECTION \_\_\_\_\_ IS INCOMPLETE  
☐ OTHER/EXPLANATION: \_\_\_\_\_

STAFF: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_